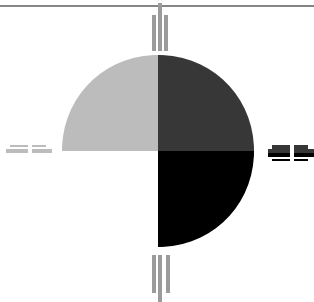




IHS Restructuring Initiative Workgroup





Restructuring Initiative Workgroup (RIW) appointed

- The Director, IHS appointed a team of tribal and IHS leaders to strategically plan for what the next 5 years may bring to the Indian health system
- Charged to recommend restructuring options to address internal and external forces acting on the Indian health system
- Recommendations are due in June 2002



Why now?

- The IHS restructuring initiative is NOT related to ongoing issues at the Bureau of Indian Affairs
- The restructuring initiative is related to broad reforms for all Federal agencies proposed by the President
- It has been more than 6 years since the Indian Health Design Team Plan was implemented – it is time to reassess given new developments



The Workgroup Members

Our best ideas have been produced through joint Tribal/Federal workgroups.

- Representatives from 12 Areas
- 1 each from the National Indian Health Board, the Tribal Self-Governance Advisory Committee, the National Congress of American Indians, and the National Council of Urban Indian Health
- 4 IHS federal members
- Tribal and IHS co-chairs



Workgroup is to develop options for

- How we participate in the President's management initiatives and HHS reforms
- How we plan for a system continuing to evolve internally (self-determination, etc.)
- How we plan to deal with external forces such as escalating costs and technology
- How we collaborate with other public and private sector organizations to enhance health of Indians



The President's government-wide reforms

1. **Compress government into fewer layers**
 - Redistribute higher level staff to front-line service-delivery
 - Every Federal agency must prepare a five-year restructuring plan as part of budget requests



The President's government-wide reforms

2. Competitive Sourcing

- Expand outsourcing and competition for Federal programs
- All Agencies must list activities to outsource using competitive bids
- All Agencies must convert 5% of Federal employees to competitive bid in 2002, 10% in 2003



The President's government-wide reforms

3. Improved Financial Performance

- Reduce erroneous payments
- Enhance Federal financial systems
- Increase use of audits, performance measures, web-based technologies
- Budgets to reflect "real" costs and performance



The President's government-wide reforms

4. Expanded Electronic Government

- E-government (E-procurement, E-grant, E-regulation, E-signatures)
- Single points of access for citizens
- Share information more quickly
- Automate internal work
- Expand and improve use of the Web



The President's government-wide reforms

5. Budget and Performance Integration

- Budget decisions will be based on performance and results
- Use "outcome" evidence to judge program usefulness
- reinforce high performers, terminate non-performing programs



Secretary Thompson's HHS Reforms



"operate as one
Department in the
administrative
management arena."



HHS Reforms



■ Consolidation of personnel offices across HHS agencies

The Secretary has approved consolidation of Department personnel offices from the baseline number of 40 in 2001 to four in 2004.



HHS Reforms



■ Consolidation of administrative functions across HHS agencies

The Secretary has also directed a consolidation of administrative support functions (budget, IT, procurement, grants management, finance, public and legislative affairs, etc.) across all HHS agencies where feasible, to be implemented in FY 03.

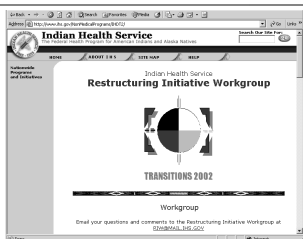


What if we do nothing?

- Miss a rare window of opportunity
- Forces around us will continue to grow and pressure the IHS system
- Others may shape and direct change for us



Follow RIW progress on the Web



www.ihs.gov/NonMedicalPrograms/IHDT2
